FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

AUG 1 3 2008 % 4

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR THOMSON REUTERSUNIFORM LIMITED OFFERING EXEMPTION

Expires:	April 30, 2008
Estimated ave	rage burden
hours per res	ponse 16.00
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OMB APPROVAL

OMB Number:.......... 3235-0076

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Name of Offering (Check if this is an amendment and name has changed, and indicate change.)
Gold-Ore Resources Ltd. Units of Common Shares and Common Share Warrants
Filing Under (Check box(es) that apply.): Rule 504 Rule 505 X Rule 506 Section 4(6) Wall Proposition
Type of Filing: X New Amendment Section
A. BASIC IDENTIFICATION DATA
1. Enter the information recuested about the issuer.
Name of Issuer (Check if this is an amendment and name has changed, and indicate change.) Gold-Ore Resources Ltd. Washington, DC
Address of Executive Offices (Number and Street, City, State, Zip Code) Suite 1140, 625 Howe St., Vancouver, BC V6C 2T6 CANADA Telephone Number (including Area Code) (604) 687-8884
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) — same as above — same as above — same as above —
Brief Description of Business
Mineral exploration and development.
Type of Business Organization: X corporation limited partnership, already formed other (ple business trust limited partnership, to be formed 08057667
Actual or Estimated Date of Incorporation or Organization: Month Year 96 X Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada; FN for other foreign jurisdiction.)
GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any change thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filling of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

				
		DENTIFICATION D	ATA	
 Enter the information requested for Each promoter of the issuer, if the Each beneficial owner having the securities of the issuer; 	e issuer has been orga	-		10% or more of a class of equity
Each executive officer and direct and d	or of corporate issuers	and of corporate gener	al and managing	g partners of partnership issuers;
 Each general and managing part 	ner of partnership issu	ers.		
Check Box(es) that Apply: Promoter	Beneficial Owner	X Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if individual) Wasylyshyn, Robert S.				
Business or Residence Address: (Number Suite 1140, 625 Howe St., Va				
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Jackson, Alvin W.				
Business or Residence Address: (Number Suite 1140, 625 Howe St., Va				
Check Box(es) that Apply: Promoter	Beneficial Owner	X Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Dickson, Glen D. Business or Residence Address: (Number	ar and Street City State	. Zin Cada\		
Suite 1140, 625 Howe St., Va	= -	= = = = = = = = = = = = = = = = = = = =		
Check Box(es) that Apply: Promoter	Beneficial Owner	X Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if individual)		_=		
Ewing, Ronald A.	10: 40: 0:			
Ewing, Ronald A.				
Ewing, Ronald A. Business or Residence Address: (Number Suite 1140, 625 Howe St., Value 1140, 6			X Director	General and/or Managing Partner
Ewing, Ronald A. Business or Residence Address: (Number Suite 1140, 625 Howe St., Van Check Box(es) that Apply: Promoter	ancouver, BC V60	2T6 CANADA	X Director	General and/or Managing Partner
Ewing, Ronald A. Business or Residence Address: (Number Suite 1140, 625 Howe St., Value Box(es) that Apply: Promoter Full Name (Last name first, if individual) Mullen, David F.	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Ewing, Ronald A. Business or Residence Address: (Number Suite 1140, 625 Howe St., Value Box(es) that Apply: Promoter Full Name (Last name first, if individual) Mullen, David F. Business or Residence Address: (Number Box)	Beneficial Owner er and Street, City, State	Executive Officer e, Zip Code)	X Director	General and/or Managing Partner
Ewing, Ronald A. Business or Residence Address: (Number Suite 1140, 625 Howe St., Van Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Mullen, David F. Business or Residence Address: (Number Suite 1140, 625 Howe St., Van	Beneficial Owner er and Street, City, State ancouver, BC V60	Executive Officer e, Zip Code)	X Director	
Ewing, Ronald A. Business or Residence Address: (Number Suite 1140, 625 Howe St., Van Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Mullen, David F. Business or Residence Address: (Number Suite 1140, 625 Howe St., Van Check Box(es) that Apply: Promoter Full Name (Last name first, if individual)	Beneficial Owner er and Street, City, State ancouver, BC V60	Executive Officer e, Zip Code) 276 CANADA		General and/or Managing Partner General and/or Managing Partner
Ewing, Ronald A. Business or Residence Address: (Number Suite 1140, 625 Howe St., Van Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Mullen, David F. Business or Residence Address: (Number Suite 1140, 625 Howe St., Van Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Sawyer, Donald A.	Beneficial Owner er and Street, City, State ancouver, BC V60 Beneficial Owner	Executive Officer a, Zip Code) C 2T6 CANADA Executive Officer		
Ewing, Ronald A. Business or Residence Address: (Number Suite 1140, 625 Howe St., Value Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Mullen, David F. Business or Residence Address: (Number Suite 1140, 625 Howe St., Value Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Sawyer, Donald A.	Beneficial Owner er and Street, City, State ancouver, BC V60 Beneficial Owner er and Street, City, State	Executive Officer a, Zip Code) C 2T6 CANADA Executive Officer a, Zip Code)		
Ewing, Ronald A. Business or Residence Address: (Number Suite 1140, 625 Howe St., Value Box(es) that Apply: Promoter Full Name (Last name first, if individual) Mullen, David F. Business or Residence Address: (Number Suite 1140, 625 Howe St., Value Box(es) that Apply: Promoter Full Name (Last name first, if individual) Sawyer, Donald A. Business or Residence Address: (Number Suite 1140, 625 Howe St., Value	Beneficial Owner er and Street, City, State ancouver, BC V60 Beneficial Owner er and Street, City, State	Executive Officer a, Zip Code) C 2T6 CANADA Executive Officer a, Zip Code)		
Ewing, Ronald A. Business or Residence Address: (Number Suite 1140, 625 Howe St., Van Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Mullen, David F. Business or Residence Address: (Number Suite 1140, 625 Howe St., Van Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Sawyer, Donald A. Business or Residence Address: (Number Suite 1140, 625 Howe St., Van Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Check Box(es) that Apply: Promoter Full Name (Last name first, if individual)	er and Street, City, State Beneficial Owner Beneficial Owner Beneficial Owner Beneficial Owner	Executive Officer a, Zip Code) C 2T6 CANADA Executive Officer a, Zip Code) C 2T6 CANADA	X Director	General and/or Managing Partner
Ewing, Ronald A. Business or Residence Address: (Number Suite 1140, 625 Howe St., Van Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Mullen, David F. Business or Residence Address: (Number Suite 1140, 625 Howe St., Van Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Sawyer, Donald A. Business or Residence Address: (Number Suite 1140, 625 Howe St., Van Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Alvarado, Maricruz	er and Street, City, State ancouver, BC V60 Beneficial Owner Beneficial Owner er and Street, City, State ancouver, BC V60 Beneficial Owner	Executive Officer Executive Officer	X Director	General and/or Managing Partner
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Ewing, Ronald A. Business or Residence Address: (Number Suite 1140, 625 Howe St., Value 1140, 6	er and Street, City, State ancouver, BC V60 Beneficial Owner Beneficial Owner er and Street, City, State ancouver, BC V60 Beneficial Owner Beneficial Owner	Executive Officer Executive Officer	X Director	General and/or Managing Partner
Ewing, Ronald A. Business or Residence Address: (Number Suite 1140, 625 Howe St., Value 1140, 6	er and Street, City, State ancouver, BC V60 Beneficial Owner Beneficial Owner	Executive Officer e, Zip Code) Executive Officer Executive Officer e, Zip Code) C 2T6 CANADA X Executive Officer e, Zip Code) C 2T6 CANADA	X Director	General and/or Managing Partner General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B. INI	FORM	ATION	N ABC	O TUC	FFER	NG (1)	<u></u>		
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? (Answer also in Appendix, Column 2, if filing under ULOE.)								Yes	No X						
2. What is the minimum investment that will be accepted from any individual?											\$99)			
3. Does th	ne offer	ing per	mit join	t owne	rship of	a sing	le unit?							Yes X	No
or simil listed is	lar rem s an as of the b	unerations sociate roker o	on for s d perso r deale	olicitat on or a r. If m	ion of p gent of ore tha	ourchas a brok n five	sers in ker or ((5) pers	connections to some constant to the connection to the co	tion wit	h sales ed with	of sec	en, directly or urities in the EC and/or wit ted persons	offering. I	f a perso r states,	n to be list the
Full Name ((Last na	ıme first	, if indiv	ridual)											
N/A															
Business o	r Reside	ence Ad	dress:	(Numbe	er and S	Street, (City, Sta	ite, Zip	Code)						
Name of As	sociate	d Broke	r or De	aler						•					
States in w	hich Pe	rson Lis	ted Has	Solicit	ed or In	tends to	o Solicit	Purcha	sers					□ AI	1
(Check	"All Sta	ites" or o	check in	dividua	l States	i)									ates
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RI	SC	SD	TN	TX	UT	VT	VA	WA	w	WI	WY	PR			
Full Name ((Last na	ime first	t, if indiv	ridual)											
Business o	r Reside	ence Ad	dress:	(Numbe	er and S	Street, C	City, Sta	ite, Zip	Code)						
Name of As	sociate	d Broke	er or De	aler											
States in w	hich Pe	rson Lis	ted Has	Solicit	ed or In	tends to	o Solicit	Purcha	sers						
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Full Name	(Last na	me first	, if indiv	ridual)								· · · · · · · · · · · · · · · · · · ·			
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business of	r Kesiui	ence Au	uress.	(Numbi	er and a	oneer, c	Jily, Sta	ile, Zip	Code)						
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States in w	hich Pe	rson Lis	ted Has	Solicit	ed or In	tends to	o Solicit	Purcha	sers	.		· · · · · · · · · · · · · · · · · · ·			
(Check	"All Sta	ites" or o	check in	dividua	l States	3)							***************	Al	l ates
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IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO			
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA			
	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

⁽¹⁾ Unless otherwise indicated, all dollars amounts in this Form D are presented in U.S. dollars, based on an exchange rate of 0.9899 (as of July 10, 2008).

 Enter the Aggregate price of securities included in this offering and the total amou already sold. Enter "0" if ansiver is "none" or "zero." If the transaction is an exchange offering check this box ☐ and indicate in the columns below the amounts of the securities offered exchange and already exchanged. 	ιg.	Aggregate Offering Price		Amount Already Sold
Type of Security	œ	0	\$	0
Debt			* -	
Equity	» _	<u>O</u>	\$_	0
	_	•	•	•
Convertible Securities (including warrants)	_	0	\$_	0
Partnership Interests		0	\$_	0
Other (Specify: Units of Common Shares and Common Share Warrants)	\$_	· · · · · · · · · · · · · · · · · · ·	\$_	577,014
Total(Answer also in Appendix, Column 3, if filing under ULOE.)	\$ _	577,014	\$_	577,014
2. Enter the number of accredited and non-accredited investors who have purchas securities in this offering and the aggregate dollar amounts of their purchases. For offering under Rule 504, indicate the number of persons who have purchased securities and taggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" "zero." Accredited Investors	gs he or		\$ _	Aggregate Dollar Amount of Purchases 577,014
Non-accredited Investors		0	\$_	0
Total (for filings under Rule 504 only)		N/A	\$_	N/A
months prior to the first sale of securities in this offering. Classify securities by type list in Part C—Question 1. <u>Type of Offering</u> Rule 505		Type of Security N/A	\$_	Dollar Amount Sold N/A
Regulation A		N/A	\$	N/A
Rule 504		N/A	\$	N/A
Total	-	N/A	\$	N/A
4. a. Furnish a statement of all expenses in connection with the issuance and distribution the securities in this offering. Exclude amounts relating solely to organization expenses the issuer. The information may be given as subject to future contingencies. If a mount of an expenditure is not known, furnish an estimate and check the box to the of the estimate.	of he left	_	•	
Transfer Agent's Fees			\$	
Printing and Engraving Costs		=	\$	0
Legal Fees		<u>X</u>	\$	2,000
Accounting Fees			\$	0
Engineering Fees			\$	0
Sales Commissions (specify finders' fees separately)			\$	0
Other Expenses (Identify: Blue Sky fees)		X	\$	1,350
Total		x	\$	3,350
 (1) Unless otherwise indicated, all dollars amounts in this Form D are presented in based on an exchange rate of 0.9899 (as of July 10, 2008). (2) Represents the U.S. portion of a \$CDN 2,389,205 private placement by Issuer. 	U.S	. dollars,		

<u>'</u>	1						
	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPEN	SES AND	USE C	F PRO	CEED	S (1)((2)
	b. Enter the difference between the aggregate offering price given in resp Part C—Question 1 and total expenses furnished in response to Part C—Qu 4.a. This difference is the "adjusted gross proceeds to the issuer."	estion				\$_	573,664
	Indicate below the amount of the adjusted gross proceeds to the issuer proposed to be used for each of the purposes shown. If the amount purpose is not known, furnish an estimate and check the box to the lef estimate. The total of the payments listed must equal the adjusted gross p to the issuer set forth in response to Part C—Question 4.b above.	for any it of the	_				
			Óffi Direc	ents to cers, tors & <u>iates</u>			Payments to <u>Others</u>
	Salaries and fees]\$	0_		\$_	0
	Purchase of real estate:		\$	0_		\$_	0
	Purchase, rental or leasing and installation of machinery and equipment]\$	0	\Box	\$	0
	Construction or leasing of plant buildings and facilities		-] \$	0	$\overline{\Box}$	\$	0
	Acquisition of other business (including the value of securities involved in offering that may be used in exchange for the assets or securities of anoth issuer pursuant to a merger)	ner]\$	0		\$	0
	· • • • • • • • • • • • • • • • • • • •		·			Ψ_	
	Repayment of indebtedness	<u> </u>	· ——	0		> -	0
	Working capital] \$	0	Ш	\$_	0
	Other (specify): Working capital to advance exploration activities on]\$	0	X	\$_	573,664
	currently owned properties located in Sweden		_		_		
]	0		_	0
	Column Totals]\$	0	X	\$_	573,664
	Total Payments Listed (column totals added)		X	\$ _	573,6	64	
	D. FEDERAL SIGNATU	RE					
the	e issuer has duly caused this notice to be signed by the undersigned duly au following signature constitutes an undertaking by the issuer to furnish to ten request of its staff, the information furnished by the issuer to any non-act.	the U.S. S	ecurities a	ind Exch	ange C	ommi	ssion, upon
Issu	er (Print or Type) Signature	Date	e				
	Gold-Ore Resources Ltd.	;	Taly	30 /	108	,	
Nan	ne of Signer (Print or Type) Title of Signer			<i>/ - /</i>	<u>, , , , , , , , , , , , , , , , , , , </u>		
	Glen D. Dickson Chic	ef Execut	ive Offic	er			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)



 ⁽¹⁾ Unless otherwise indicated, all dollars amounts in this Form D are presented in U.S. dollars, based on an exchange rate of 0.9899 (as of July 10, 2008).
 (2) Represents the U.S. portion of a \$CDN 2,389,205 private placement by Issuer.